



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Aubrey Lint

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Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1070172216
Outpatient Patient Service Revenue	\$746834525
Total Gross Patient Service Revenue	\$1817006741

2. Deductions From Revenue

Contractual Allowance	\$1144710191
Other Deductions	\$19039222
Total Deductions	\$1163749413

3. Total Operating Revenue

Net Patient Service Revenue	\$653257328
Other Operating Revenue	\$25280169
Total Operating Revenue	\$678537497

4. Operating Expenses

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Salaries and Wages	\$196952810	Employee Benefits	\$46081683
Depreciation and Amortization	\$28646289	Interest Expense	\$5444107
Bad Debt	\$41571079	Other Expenses	\$252615912
Total Operating Expenses	\$571311880		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$107225618	Total Assets	\$567071000
Net Non-operating Gains over Loss	\$5277056	Total Liabilities	\$253929000
Total Net Gains	\$112502674		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$815795144	\$650778999	\$165016145
Medicaid	\$365017635	\$218567450	\$146450185
Other Government	\$0	\$0	\$0
Other State	\$26061469	\$23739362	\$2322107
Other Payers	\$610132493	\$251624380	\$358508113
Total	\$1817006741	\$1144710191	\$672296550

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$766525	\$-766525

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$65165	\$424497	\$-359332

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$150541	\$8409046	\$-8258505
Hospital Patients	\$0	\$0	\$0
Community Education	\$742226	\$1351024	\$-608798

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$6241140
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1819579	
HCI Payments	\$0		
Subtotal	\$0	\$1819579	\$-1819579
Medicaid Shortfalls	\$107283644	\$114017522	
Subtotal	\$107283644	\$115837101	\$-8553457
DSH Payments	\$44,527,223		

	Subtotal	\$151810867	\$115837101	\$35973766
Medicare Shortfalls		\$167479167	\$237841756	
Other Government Programs		\$0	\$0	
	Total	\$319290034	\$353678857	\$-34388823

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1533952	\$2240429	\$-706477
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$518219	\$-518219
Other Allocations	\$0	\$0	\$0

Comments

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